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7590

12/24/2003

Joseph A. Sawyer, Jr.
SAWYER LAW GROUP LLP
P.O. Box 51418
Palo Alto, CA 94303



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| | |
|---------------------|--------------------|
| Jackie Tanda | (Depositor's name) |
| <i>Jackie Tanda</i> | (Signature) |
| March 23, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/832,492 | 04/11/2001 | Yiqiang Li | 1983P | 9971 |

TITLE OF INVENTION: METHOD AND SYSTEM FOR PROVIDING A SIMPLIFIED IN-LINE OPTICAL CIRCULATOR

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$300 | \$965 | 03/24/2004 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| RAHLL, JERRY T | 2874 | 385-015000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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1 Sawyer Law Group LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AC Photonics, Inc.

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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- ☒ Advance Order - # of Copies 5

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(Authorized Signature) *Jackie Tanda* (Date) 03-23-04

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03/30/2004 EFLORES1 00000147 09832492

01 FC:2501
02 FC:1504
03 FC:8001

665.00 OP
300.00 OP
15.00 OP

TRANSMIT THIS FORM WITH FEE(S)

TRANSMITTAL FORM

Attorney Docket No.

1983P

In re the application LI, et al.

Confirmation No: 9971

Serial No: 09/832,492

Group Art Unit: 2874

Filed: April 11, 2001

Examiner: Rahll, Jerry T.

For: METHOD AND SYSTEM FOR PROVIDING A SIMPLIFIED IN-LINE OPTICAL CIRCULATOR

ENCLOSURES (check all that apply)

| | | | | | |
|--------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> | Amendment/Reply | <input type="checkbox"/> | Assignment and Recordation Cover Sheet | <input type="checkbox"/> | After Allowance Communication to Group |
| <input type="checkbox"/> | After Final | <input checked="" type="checkbox"/> | Part B-Issue Fee Transmittal | <input type="checkbox"/> | Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> | Information disclosure statement | <input type="checkbox"/> | Letter to Draftsman | <input type="checkbox"/> | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> | Form 1449 | <input type="checkbox"/> | Drawings | <input type="checkbox"/> | Status Letter |
| <input type="checkbox"/> | (X) Copies of References | <input type="checkbox"/> | Petition | <input checked="" type="checkbox"/> | Postcard |
| <input type="checkbox"/> | Extension of Time Request * | <input type="checkbox"/> | Fee Address Indication Form | <input type="checkbox"/> | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> | Express Abandonment | <input type="checkbox"/> | Terminal Disclaimer | | |
| <input type="checkbox"/> | Certified Copy of Priority Doc | <input type="checkbox"/> | Power of Attorney and Revocation of Prior Powers | | |
| <input type="checkbox"/> | Response to Incomplete Appln | <input type="checkbox"/> | Change of Correspondence Address | | |
| <input type="checkbox"/> | Response to Missing Parts | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to . | | | |
| <input type="checkbox"/> | Executed Declaration by Inventor(s) | | | | |

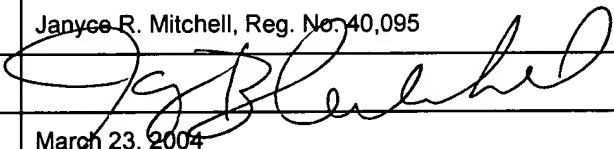
CLAIMS

| FOR | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE | FEE |
|--------------------|----------------------------------|-----------------------------------------|--------------|------------|---------|
| Total Claims | 0 | 0 | 0 | \$18.00 | \$ 0.00 |
| Independent Claims | 0 | 0 | 0 | \$86.00 | \$ 0.00 |
| | | | | Total Fees | \$ 0.00 |

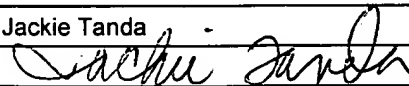
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|---------------|-------------------------------------------------------------------------------------|
| Attorney Name | Janyce R. Mitchell, Reg. No. 40,095 |
| Signature |  |
| Date | March 23, 2004 |

CERTIFICATE OF MAILING

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| Type or printed name | Jackie Tanda |
| Signature |  |